defeating the resolution. According to its report, the reference committee acknowledged the collaborative work the AAFP already has done with insurers on this issue and concluded it was neither practical nor in the Academy's or members' best interest to flatly oppose physician performance reporting.

Special Constituencies' Congress Seats

Delegates also adopted measures supporting ongoing representation by members of the Academy's special constituencies.

The Congress was overwhelmingly united on measures safeguarding representation of these member groups, which include women; minorities; new physicians; international medical school graduates; and members interested in gay, lesbian, bisexual, and transgender issues.

The delegates adopted resolutions continuing the National Conference of Special Constituencies, or NCSC, and the Annual Leadership Forum and extending until 2015 the 6 delegate and 6 alternate delegate seats reserved for 4 of the 5 special constituencies in the Congress. Those seats had been scheduled to sunset in 2010.

Tobacco Cessation Efforts

Members of the Reference Committee on Health of the Public and Science heard impassioned testimony during the 2008 Congress of Delegates about a public health issue near and dear to AAFP members: tobacco cessation. The testimony came in response to a recommendation in a report from the AAFP Board of Directors to the Congress on the Board's work with the AAFP Foundation Board of Trustees to secure long-term financial support for the Academy's Tar Wars program, as well as its efforts in the areas of tobacco cessation, education and research.

Two options were laid out in the Board's report:

- "That the Congress of Delegates support the AAFP Foundation in contacting private foundations and corporate foundations, consistent with current AAFP policy, in securing a one-time major gift to the AAFP Foundation to create an endowment to be used exclusively to support AAFP programs in tobacco cessation education, research and Tar Wars."
- "That the Congress of Delegates allow a one-time exception to the AAFP Tobacco and Smoking policy so that the AAFP Foundation could contact corporations with giving programs funded by tobacco monies to determine if any would be willing to provide a one-time major gift to the AAFP Foundation to create an endowment to be used exclusively to support AAFP programs in tobacco cessation, education, research and Tar Wars."

Mark Belfer, DO, of Fairlawn, Ohio, president of the AAFP Foundation, strongly supported the option of approaching tobacco-funded giving programs in his testimony. "We want a one-time chance to talk to tobacco companies to say we want $10 to $15 million, so no more children's lungs are choked with smoke," he said.

AAFP Past President Michael Fleming, MD, of Shreveport, Lousiana, also spoke in favor of considering even the more extreme option, pointing out that the state tobacco settlement funds slated for tobacco education and prevention programs have all too often gone to fund other endeavors.

Others testified ardently against the notion of dealing directly with the tobacco industry, fearing it could severely compromise the Academy's credibility.

"We own the trust of our patients; we worked hard to get it," said Georgia delegate George Shannon, MD, of Columbus, Georgia, adding that the risk of tarnishing family medicine's public image by seeming to collaborate with tobacco companies was too great.

Erica Swegler suggested a compromise: Try the first, less controversial option for 3 to 5 years before considering moving to the second option.

In the end, the Congress of Delegates adopted a substitute option crafted by the reference committee that directs the AAFP to support the foundation's efforts "to seek funding for tobacco cessation, education, research, and Tar Wars by contacting private foundations and corporate foundations in a manner consistent with current policy to create a one-time endowment."

The resolution further asks the AAFP Board to report back to the 2009 and 2010 Congresses on the status of the "tobacco control endowment" funding. It also calls for the Academy to inform members of the "acute, short-term need for bridging funds to continue Tar Wars until the tobacco control endowment is funded."

Cindy Borgmeyer and Barbara Bein

From the American Board of Family Medicine

Ann Fam Med 2008;6:565-566. DOI: 10.1370/afm.931.

THE ABFM GAINS APPROVAL AS A PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) REGISTRY

The Center for Medicare and Medicaid Services (CMS) announced its approval of the ABFM Performance in Practice Registry as 1 of 32 qualified registries that may submit PQRI data to CMS on behalf of

its Diplomates. The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) authorizes CMS to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008. It also establishes alternative reporting periods and criteria for the reporting of measure groups and for the reporting of PQRI quality measures through an approved clinical data registry.

As of September 4, 2008, ABFM Diplomates may use the Diabetes Module developed specifically for this purpose by the ABFM to collect and submit data to the Registry on a set of either 30 or 15 consecutive patients with either type 1 or type 2 diabetes. Not all patients in these samples must be Medicare patients, but at least 2 Medicare Part B beneficiaries must be included in the Diplomate's sample.

For 2008, physicians who meet the criteria for satisfactory submission of quality measures data for 30 consecutive patients will earn an incentive payment of 1.5% of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during the reporting period, January 1, 2008 through December 31, 2008 (the 2008 calendar year). Alternatively, those physicians who meet the criteria for satisfactory submission of quality measures data for 15 consecutive patients will earn an incentive payment of 1.5% of their total allowed charges for PFS covered professional services furnished during the reporting period, July 1, 2008 through December 31, 2008. CMS approved financial incentives earned for 2008 reporting are scheduled to be paid in mid-2009 from the Federal Supplementary Medical Insurance (Part B) Trust Fund.

This module may be accessed without fee for use in participating in PQRI. However, Diplomates who are participating in MC-FP and elect to complete this module to receive Part IV credit will be required to submit the appropriate MC-FP process fee.

The ABFM PQRI Diabetes Module is simple and user-friendly. First, Diplomates complete the attestation form giving the ABFM permission to transmit their data to CMS. Both your National Physician Identifier (NPI) number and your Taxpayer Identification Number (TIN) will be required. It is important that Diplomates provide their individual NPI to the ABFM as well as the TIN which is used to receive Medicare reimbursement. Depending on circumstances, this may be either an individual TIN or the TIN that has been assigned to the Diplomate's medical group or corporation. It is important that the correct information is supplied by the Diplomate since CMS will use these 2 numbers to process the incentive payment. Incorrect numbers may result in a delay of this reimbursement.

Diplomates then download the printable data collection templates and insert data from either 30 or 15 CONSECUTIVE patients between the ages of 18 and 75 with a diagnosis of type 1 or type 2 diabetes at the time of their visit. This can be done prospectively, filling in information from patients that are seen for the remainder of calendar year 2008; or alternatively, Diplomates who have an electronic health record system can pull up any 15 or 30 consecutive patients (by date of visit) seen in calendar year 2008 and complete the data templates by retrospective chart audit. It is important to emphasize that whatever methodology is used, the patients must have been seen consecutively by date of service. Do not exclude from data collection any diabetic patient who was seen between the date of service of the first patient and the date of service of the last patient. After collecting the requisite number of patients, a Diplomate will log back on to our Web site and enter the data into the module from the templates. Submit the data to the ABFM as soon as available, but no later than January 10, 2009.

Save the templates! Approximately 3% of the Registry's participants will be audited, so it is important that the completed data collection templates are maintained by the Diplomate. Since the ABFM will be sent de-identified data, these templates provide the only link between the data sent to the ABFM and the patients that have been seen, which must be verified if you are randomly chosen to be audited.

The ABFM will forward this data to CMS early in 2009. If a Diplomate is currently participating in Maintenance of Certification for Family Physicians (MC-FP), that Diplomate may elect to continue with this module to receive Part IV credit for the current MC-FP Stage if a Performance in Practice Module (PPM) or an approved Part IV alternative activity has not already been completed for that Stage.

Diplomates who wish to continue the diabetes PQRI module for MC-FP credit should then proceed to the quality improvement "wizard" and select 1 quality indicator around which to develop a quality improvement plan. Using the wizard, Diplomates develop and submit the plan. Approximately 3 months after implementing the plan within the office, the ABFM will send an email reminding the Diplomate that it is time to collect data using the same methodology described above to determine the impact of the quality improvement plan on the care that has been delivered to patients.

This exciting new initiative is now available on the ABFM Web site. For questions regarding PQRI, MC-FP status, or for help with logging in to the Physician Portfolio, call the ABFM Support Center at 877-223-7437 or e-mail at help@theabfm.org.

Michele Mason